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STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
NEW JERSEY STATE BOARD OF DENTISTRY
DOCKET NO.

In the Matter of)	
THOMAS F. SALANDRA, D.D.S.)	Administrative Action
Licensed to Practice Dentistry)	CONSENT ORDER
in the State of New Jersey)	

This matter was opened to the New Jersey State Board of Dentistry upon receipt of a patient complaint from Ms. Josephine Mahnken concerning dental treatment performed by Dr. Salandra. The Board reviewed the entire record in this matter including the patient records submitted by Dr. Salandra.

In order to resolve this matter without recourse to formal proceedings and for good cause shown;

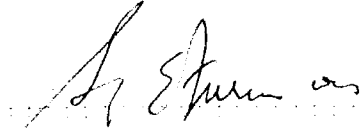
IT IS ON THIS 3rd DAY OF April, 1990,

HEREBY ORDERED AND AGREED THAT:

1. Dr. Salandra shall make restitution to Josephine Mahnken in the amount of One Hundred and Seventy-five (\$175.00) Dollars for the root canal treatment on tooth #31. This restitution shall be submitted by certified check or money order made payable to Josephine Mahnken to the State Board of Dentistry at 1100 Raymond Boulevard, Room 510, Newark, New Jersey 07102, simultaneously with the submission

of this signed Consent Order.

2. Dr. Salandra is hereby assessed a civil penalty in the amount of Two Hundred and Fifty (\$250.00) Dollars for failure to comply with the requirements of N.J.A.C. 13:30-8.8 which provides the minimum standards for maintaining patient records. This penalty results from Dr. Salandra's failure to maintain X-rays for at least seven (7) years in accordance with the aforementioned rule. The civil penalty shall be submitted by certified check or money order made payable to the State of New Jersey and submitted to William Gutman, Executive Director of the Board, 1100 Raymond Boulevard, Room 510, Newark, New Jersey 07102, within thirty (30) days of the entry date of this Order.



SAMUEL E. FURMAN, D.D.S.
PRESIDENT
STATE BOARD OF DENTISTRY

I have read the within Order.
I understand its terms and agree
to its form and entry.



THOMAS F. SALANDRA, D.D.S.